



A Public Service Agency

REQUEST FOR OCCUPATIONAL LICENSING INFORMATION

Information Requested

☐ Firm

☐ Individual

PLEASE PRINT

REQUEST FOR SEARCHES (including Certification of Information)

REQUESTER (LAST, FIRST, MIDDLE)	VENDOR REQUESTER CODE	AGREEMENT NO.
ADDRESS (STREET AND NO.)	USER REQUESTER CODE	AGREEMENT NO.
CITY	STATE	ZIP
		AREA CODE AND PHONE NO.
INDIVIDUAL NAME	BIRTH DATE	INDIVIDUAL LICENSE NO.
FIRM NAME/D.B.A.		FIRM LICENSE NO.
ADDRESS (STREET AND NO.)		
CITY	STATE	ZIP

BRIEF DESCRIPTION OF INFORMATION BEING REQUESTED

REQUESTER SIGNATURE	DL OR ID NUMBER	DATE REQUESTED
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REQUEST TO BE (CHECK ONE)

☐ Picked up at counter ☐ Returned by mail

If you do not currently have an account, the appropriate fees must be submitted at the time of request.

Information Request each record \$ 5.00
Photocopies (include certification) each record \$ 20.00

If you hold a pre-approved commercial requester account, your account will be billed the appropriate fees.

IMPORTANT: Immediately upon completion, please forward to:

DEPARTMENT OF MOTOR VEHICLES
Licensing Operations Division
Occupational Licensing Branch
P. O. Box 932342 Mail Station N-224
Sacramento, CA 94232-3420

A minimum \$5.00 processing fee is billed for each request that requires a search of the department's files. The response below applies to your request.

- ☐ Cannot identify from information submitted.
☐ No record found based on information submitted.
☐ License number incorrect for name submitted.
☐ Invalid requester/or end user code.
☐ Other _____

Date _____ Total Charge _____ Completed By _____